

Cardroom Applicant Supplemental Information for State Gambling License
Owner Applicant-Individual Supplemental Background Investigation Information

DGC-APP-015A (New 09/04 ~~Rev. 04/07~~ Rev. 08/07)



DEPARTMENT OF JUSTICE
 DIVISION OF GAMBLING CONTROL
 P.O. Box 168024
 Sacramento, CA 95816-8024
 (916) 263-3408; Fax (916) 263-3403 facsimile

CARDROOM APPLICANT
SUPPLEMENTAL INFORMATION FOR STATE GAMBLING LICENSE

PLEASE READ THE FOLLOWING PARAGRAPHS CAREFULLY BEFORE YOU COMPLETE THIS FORM

~~Instructions:~~ Type or print legibly in ink an answer to every question. If a question does not apply to you, indicate with "N/A" (Not Applicable). If the space available is insufficient, use a separate sheet and precede each answer with the applicable section and question number. Do not misstate or omit any material fact(s) information as each statement made herein is subject to verification. Any corrections, changes or other alterations must be initialed and dated by the applicant.

~~PLEASE SEND THE COMPLETED SUPPLEMENTAL INFORMATION ALONG WITH THE APPLICATION FOR STATE GAMBLING LICENSE, A \$500 NON-REFUNDABLE APPLICATION FEE, A \$5,000 DEPOSIT TO PAY THE ANTICIPATED INVESTIGATION AND PROCESSING COSTS, IN ACCORDANCE WITH BUSINESS AND PROFESSIONS CODE SECTION 19867, AND, IF APPROPRIATE, GAMBLING ESTABLISHMENT SUPPLEMENTAL INFORMATION FORM (DGC-APP-015C (Rev. 09/04)) TO: California Gambling Control Commission, P.O. Box 526013, Sacramento, CA 95852-6013.~~

~~MUST BE COMPLETED BY SOLE PROPRIETORS, INDIVIDUALS WITH A PARTNERSHIP OR CORPORATE INTEREST, TRUSTEES, TRUSTORS, BENEFICIARIES, AND "OTHER" APPLICANTS.~~

This Supplemental Form must be completed by a natural person who is a sole proprietor, a person with individual partnership interest or individual corporate interest, shareholder, member, officer, director, trustor, trustee, current beneficiary, landlord with a financial interest in the gambling establishment community property interest, funding source, and other applicant.

Applicant's Full Name

Date of Photograph

**Affix a passport quality
 photograph taken within the
 last 30 days here.**

Gambling Establishment Owner Applicant - Individual Supplemental Background Investigation Information

Part I – PERSONAL HISTORY INFORMATION

A- SECTION 1: PERSONAL INFORMATION

YOUR FULL NAME		1. YOUR FULL NAME		1. YOUR FULL NAME	
LAST		FIRST		MIDDLE	
RESIDENCE ADDRESS (NUMBER / STREET)		CITY		STATE	ZIP
MAILING ADDRESS (IF DIFFERENT) (NUMBER / STREET)		CITY		STATE	ZIP
OCCUPATION		TELEPHONE			
PLACE OF BIRTH BIRTH PLACE (CITY / COUNTY / STATE / COUNTRY)		DRIVER'S LICENSE/IDENTIFICATION CARD NO. NUMBER/STATE ISSUED			
		NO.		STATE	EXP
PHYSICAL DESCRIPTION					
HEIGHT	WEIGHT	HAIR COLOR	EYE COLOR		
DISTINGUISHING MARKS (SCARS, TATTOOS, ETC.) DESCRIBE AND INDICATE LOCATION					

2. Alias(es), Nicknames, Maiden Name, Other Name Changes, Legal or Otherwise: _____

3. Date of Birth: _____

6. Business/Employment Address: _____

8. Telephone: Residence: (____) _____ Business: (____) _____

9. Social Security Number*: _____

11. Gender: ☐ Male ☐ Female

*Applicants are required to provide their social security number. This requirement is authorized by Business and Professions Code sections 19841 (a)(2), 19864(b)(6), and 19865. This information is used to obtain records relevant to background investigations. _____

B. CITIZENSHIP (provide copy of resident alien card (front and back) or certificate of naturalization)

ARE YOU A UNITED STATES CITIZEN..... <input type="checkbox"/> YES <input type="checkbox"/> NO IF NO, PROVIDE A COPY OF YOUR RESIDENT ALIEN CARD (FRONT AND BACK)	IF NO, OF WHAT COUNTRY ARE YOU A CITIZEN?
IF ALIEN, ALIEN NUMBER: ALIEN REGISTRATION NUMBER	IF NATURALIZED, CERTIFICATE NO: NUMBER (PROVIDE COPY OF NATURALIZATION CERTIFICATE)
DATE NATURALIZED (MM/DD/YYYY)	ALIEN NUMBER PLACE

G- SECTION 2: ~~MARITAL~~FAMILY STATUS INFORMATION

Current Marital Status: <input type="checkbox"/> SINGLE <input type="checkbox"/> MARRIED <input type="checkbox"/> SEPARATED <input type="checkbox"/> DIVORCED <input type="checkbox"/> WIDOWED					
CURRENT SPOUSE INFORMATION:					
FULL NAME		1.YUR FULL NAME		1. ULL NAME	
LAST		FIRST		MIDDLE	
RESIDENCE ADDRESS (IF DIFFERENT FROM APPLICANT) NUMBER / STREET		CITY		STATE	ZIP
DATE OF BIRTH	DATE YEARS OF MARRIAGE		HOME PHONE TELEPHONE: residence		WORK PHONE business:

Place of Birth: _____

Employer: _____ Occupation: _____

Address of Employer: _____
Street City State Zip

3. Former Marriage(s)

Name of Former Spouse(s) (Last, First, Middle, Maiden)	Dates of Marriage (From To)	Telephone Number

<input type="checkbox"/> N/A	FORMER SPOUSE			
FULL NAME				
LAST	FIRST	MIDDLE	MAIDEN	
DATE OF BIRTH		YEARS OF MARRIAGE		
<input type="checkbox"/> N/A	FORMER SPOUSE			
FULL NAME				
LAST	FIRST	MIDDLE	MAIDEN	
DATE OF BIRTH		YEARS OF MARRIAGE		

D. FAMILY

1. Children and Dependents:

Provide the following information for each of your children (including birth, step, adopted, and foster children) and other dependents.

Name (Last, First, Middle, Maiden)	Date of Birth	Residence Address	Relationship	Occupation

2. Co-habitants and Roommates:

Provide the following information for any adults, not disclosed in question D1, with whom you reside.

Name (Last, First, Middle, Maiden)	Date of Birth	Employer/Occupation	Employer Address & Telephone	Relationship

3. Parents and Step-Parents

Provide the following information for your parents and step-parents. If retired, list last occupation, or if deceased, provide date of death and list last address and occupation.

Name (Last, First, Middle, Maiden)	Date of Birth/Death	Residence Address	Occupation
Father			
Mother			
Step-Father			

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Step-Mother			
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4. Brothers and Sisters

Provide the following information for your brothers and sisters. If retired, list last occupation, or if deceased, provide date of death and list last address and occupation.

Name (Last, First, Middle, Maiden)	Date of Birth/Death	Residence Address	Occupation

CHILDREN AND DEPENDENTS:

PROVIDE THE FOLLOWING INFORMATION FOR EACH OF YOUR CHILDREN (INCLUDING BIRTH, STEP, ADOPTED, AND FOSTER CHILDREN) AND OTHER DEPENDENTS.

NAME (LAST, FIRST, MIDDLE, MAIDEN)	DATE OF BIRTH	RESIDENCE ADDRESS	RELATIONSHIP	OCCUPATION

CO-HABITANTS AND ROOMMATES:

PROVIDE THE FOLLOWING INFORMATION FOR ANY ADULTS (NOT DISCLOSED AS CHILDREN AND DEPENDANTS ABOVE) WITH WHOM YOU RESIDE.

NAME (LAST, FIRST, MIDDLE, MAIDEN)	DATE OF BIRTH	EMPLOYER/OCCUPATION	EMPLOYER ADDRESS & TELEPHONE	RELATIONSHIP

PARENTS AND STEP-PARENTS

PROVIDE THE FOLLOWING INFORMATION FOR YOUR PARENTS AND STEP-PARENTS. IF RETIRED, LIST LAST OCCUPATION OR IF DECEASED, PROVIDE DATE OF DEATH AND LIST LAST ADDRESS AND OCCUPATION.

NAME (LAST, FIRST, MIDDLE, MAIDEN)	DATE OF BIRTH/DEATH	RESIDENCE ADDRESS	OCCUPATION	RELATIONSHIP
FATHER				
MOTHER				
STEP-FATHER				
STEP-MOTHER				

SIBLINGS

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PROVIDE THE FOLLOWING INFORMATION FOR YOUR BROTHERS AND SISTERS. IF RETIRED, LIST LAST OCCUPATION OR IF DECEASED, PROVIDE DATE OF DEATH AND LIST LAST ADDRESS AND OCCUPATION.

<u>NAME (LAST, FIRST, MIDDLE, MAIDEN)</u>	<u>DATE OF BIRTH/DEATH</u>	<u>RESIDENCE ADDRESS</u>	<u>OCCUPATION</u>	<u>RELATIONSHIP</u>

E. EDUCATION

<u>Name of School</u>	<u>Location (City/State)</u>	<u>Dates of Attendance</u>	<u>Degree/Certificate Obtained</u>
High School			
College/University			
Other			

F. SECTION 3: MILITARY EXPERIENCE (include copy of dd214)

HAVE YOU EVER SERVED IN ANY BRANCH OF THE U.S. ARMED FORCES? ☐ YES ☐ NO
(IF YES, ATTACH A COPY OF YOUR DD-214)

<u>BRANCH OF SERVICE</u>	<u>DATES OF SERVICE</u> FROM TO
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<u>IF YES, COUNTRY SERVED OF SERVICE</u>	<u>RANK rating AT SEPARATION</u>	<u>SERIAL SERVICE NUMBER</u>
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TYPE OF DISCHARGE: ☐ ENTRY LEVEL ☐ HONORABLE ☐ GENERAL ☐ OTHER THAN HONORABLE ☐ BAD CONDUCT ☐ DISHONORABLE

While in the military service, were you ever convicted of any offense or formally disciplined: HAVE YOU EVER BEEN DISCIPLINED WHILE IN THE MILITARY..... ☐ YES ☐ NO
DID THIS RESULT IN A COURT MARTIAL? IF YES, PROVIDE complete DETAILS BELOW ☐ YES ☐ NO

<u>DATE (MM/YYYY)</u>	<u>FINAL CHARGE</u>	<u>COURT LOCATION (CITY & STATE)</u>

G. SECTION 4: RESIDENCES

Beginning with your current residence, list all residences you have had for the last 10 years. LIST ALL RESIDENCES DURING THE LAST TEN YEARS (MOST RECENT FIRST, INCLUDING YOUR CURRENT RESIDENCE). PROVIDE COMPLETE ADDRESSES AND MARKERS SUCH AS STREET, ETC., AND UNIT OR APARTMENT NUMBER. DO NOT USE P.O. BOXES.

<u>Month & Year (From-To)</u>	<u>Street</u>	<u>City</u>	<u>State</u>	<u>Zip</u>	<u>Rent/Own (check one)</u>
					Rent _____ Own _____
					Rent _____

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		Own _____
		Rent _____
		Own _____

A) CURRENT ADDRESS (NUMBER / STREET / APT)				FROM (MM/YYYY)	TO (MM/YYYY)
CITY	COUNTY	STATE	ZIP	<input type="checkbox"/> RENT <input type="checkbox"/> OWN	
B) FORMER ADDRESS (NUMBER / STREET / APT)				FROM (MM/YYYY)	TO (MM/YYYY)
CITY	COUNTY	STATE	ZIP	<input type="checkbox"/> RENT <input type="checkbox"/> OWN	
C) FORMER ADDRESS (NUMBER / STREET / APT)				FROM (MM/YYYY)	TO (MM/YYYY)
CITY	COUNTY	STATE	ZIP	<input type="checkbox"/> RENT <input type="checkbox"/> OWN	
D) FORMER ADDRESS (NUMBER / STREET / APT)				FROM (MM/YYYY)	TO (MM/YYYY)
CITY	COUNTY	STATE	ZIP	<input type="checkbox"/> RENT <input type="checkbox"/> OWN	

H- SECTION 5: EXPERIENCE AND EMPLOYMENT

BEGINNING WITH YOUR MOST CURRENT EMPLOYMENT, LIST YOUR WORK HISTORY, INCLUDING ALL PERIODS OF UNEMPLOYMENT FOR THE PAST 10 YEARS. LIST ALL JOBS YOU HAVE HAD, INCLUDING PART-TIME, TEMPORARY, SELF-EMPLOYMENT, AND VOLUNTEER ACTIVITIES. FOR PERIODS OF UNEMPLOYMENT, IN THE DUTIES/ASSIGNMENT SECTION, EXPLAIN HOW YOU SUPPORTED YOURSELF.

MONTH & YEAR (From-To)	A) NAME OF EMPLOYER NAME/MAILING ADDRESS/TELEPHONE NUMBER OF EMPLOYER/BUSINESS			FROM (MM/YYYY)	TO (MM/YYYY)
ADDRESS (NUMBER / STREET)				NAME OF SUPERVISOR	
CITY		STATE	ZIP	CONTACT NUMBER ()	EXT
JOB TITLE		REASON FOR LEAVING		GAMBLING RELATED? <input type="checkbox"/> YES <input type="checkbox"/> NO	
DUTIES / ASSIGNMENTS DESCRIPTION OF DUTIES					
MONTH & YEAR (From-To)	B) NAME OF EMPLOYER NAME/MAILING ADDRESS/TELEPHONE NUMBER OF EMPLOYER/BUSINESS			FROM (MM/YYYY)	TO (MM/YYYY)
ADDRESS (NUMBER / STREET)				NAME OF SUPERVISOR	
CITY		STATE	ZIP	CONTACT NUMBER ()	EXT
JOB TITLE		REASON FOR LEAVING		GAMBLING RELATED? <input type="checkbox"/> YES <input type="checkbox"/> NO	
DUTIES / ASSIGNMENTS DESCRIPTION OF DUTIES					
MONTH & YEAR (From-To)	C) NAME OF EMPLOYER NAME/MAILING ADDRESS/TELEPHONE NUMBER OF EMPLOYER/BUSINESS			FROM (MM/YYYY)	TO (MM/YYYY)

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<u>ADDRESS (NUMBER / STREET)</u>				<u>NAME OF SUPERVISOR</u>	
<u>CITY</u>		<u>STATE</u>	<u>ZIP</u>	<u>CONTACT NUMBER</u> ()	<u>EXT</u> _____
<u>JOB TITLE</u>		<u>REASON FOR LEAVING</u>		<u>GAMBLING RELATED?</u> <input type="checkbox"/> YES <input type="checkbox"/> NO	
<u>DUTIES / ASSIGNMENTS</u> <u>DESCRIPTION OF DUTIES</u>					

<u>D) NAME OF EMPLOYER</u>			<u>FROM (MM/YYYY)</u>	<u>TO (MM/YYYY)</u>
<u>ADDRESS (NUMBER / STREET)</u>			<u>SUPERVISOR</u>	
<u>CITY</u>		<u>STATE</u>	<u>ZIP</u>	<u>CONTACT NUMBER</u> ()
<u>JOB TITLE</u>		<u>REASON FOR LEAVING</u>		<u>GAMBLING RELATED?</u> <input type="checkbox"/> YES <input type="checkbox"/> NO
<u>DUTIES / ASSIGNMENTS</u>				

J. SECTION 6: CONVICTIONS, LITIGATION AND ARBITRATION

4. HAVE YOU <u>EVER</u> BEEN CONVICTED OF A FELONY CRIME, PLED GUILTY OR PLED NOLO CONTENDERE (NO CONTEST) TO A CRIME? <small>Convictions dismissed under Penal Code section 1203.4 must be disclosed, unless an order sealing records under Penal Code section 1203.45 relating to persons under 18 years of age, has been issued. INCLUDE ANY CONVICTIONS DISMISSED UNDER PENAL CODE SECTION 1203.4 AND CONVICTIONS REDUCED OR EXPUNGED. UNLESS THE RECORDS HAVE BEEN SEALED PURSUANT TO A COURT ORDER.</small>		<input type="checkbox"/> YES <input type="checkbox"/> NO
<u>A) APPROXIMATE DATE (MM/DD/YYYY)</u>	<u>COURT LOCATION (CITY & STATE) AND ARRESTING AGENCY (CITY & STATE)</u>	
<u>OF WHAT CRIME(S) WERE YOU CONVICTED, AND WHAT WAS THE FINAL DISPOSITION/JUDGEMENT IN THE CASE?</u>		
<u>B) APPROXIMATE DATE (MM/DD/YYYY)</u>	<u>COURT LOCATION (CITY & STATE) AND ARRESTING AGENCY (CITY & STATE)</u>	
<u>OF WHAT CRIME(S) WERE YOU CONVICTED, AND WHAT WAS THE FINAL DISPOSITION/JUDGEMENT IN THE CASE?</u>		

2. Have you ever engaged in any act involving dishonesty or moral turpitude charged or chargeable as a criminal offense? ☐ YES ☐ NO

3. Have you been convicted of a misdemeanor within the last 10 years? (Convictions dismissed under Penal Code section 1203.4 must be disclosed, unless an order sealing records under Penal Code section 1203.45 relating to persons under 18 years of age, has been issued.) ☐ YES ☐ NO

4. HAVE YOU EVER ENGAGED IN BOOKMAKING OR OTHER ILLEGAL GAMBLING ACTIVITIES?	<input type="checkbox"/> YES <input type="checkbox"/> NO
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~~If Yes to J1 4, provide the following details:~~

Date	Arresting Agency Location City & State	Original Charge	Final Charge (if amended or reduced)	Court Location—City, County & State	Case Number	Disposition

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HAVE YOU EVER BEEN FOUND GUILTY (CRIMINAL OR ADMINISTRATIVE) OF VIOLATING ANY CAMPAIGN LAW(S)?	<input type="checkbox"/> YES <input type="checkbox"/> NO
IF YES TO EITHER OR THE ABOVE, EXPLAIN EACH INCIDENT.	

6. Are you currently on probation? ☐ Yes ☐ No

7. Has a criminal indictment, information, or complaint ever been returned against you which you have not included in J1-4 above?
☐ Yes ☐ No

If yes, provide complete details: _____

8. Have you received a pardon for any criminal offense? ☐ Yes ☐ No

If yes, provide complete details: _____

9. Have you ever had a civil or criminal record expunged or sealed by a court order? ☐ Yes ☐ No

If yes, provide complete details: _____

10. Have you ever been subpoenaed to appear or testify before a county, state, or federal grand jury, government board or commission?
☐ Yes ☐ No

If yes, provide complete details: _____

11. HAVE YOU, AS AN INDIVIDUAL, MEMBER OF A PARTNERSHIP, OR SHAREHOLDER, DIRECTOR, OR OFFICER OF A CORPORATION, BEEN PARTY TO A LAWSUIT OR ARBITRATION WITHIN THE LAST 10 YEARS?	<input type="checkbox"/> YES <input type="checkbox"/> NO
If your answer to J11 was Yes, provide the following details: <u>IF YES, PLEASE PROVIDE DETAILS BELOW.</u>	
A) NAME(S) OF PLAINTIFF(S) AND DEFENDANT(S)	

NAME(S) OF CLAIMANT(S) AND RESPONDENT(S)		
DATE FILED (MM/DD/YYYY)	STATE OR FEDERAL COURT	CASE NUMBER
CITY/COUNTY/STATE	DATE OF DISPOSITION	DISPOSITION

B) NAME OF PLAINTIFF(S) AND DEFENDANT(S)		
NAME OF CLAIMANT(S) AND RESPONDENT(S)		
DATE FILED (MM/DD/YYYY)	STATE OR FEDERAL COURT	CASE NUMBER
CITY/COUNTY/STATE	DATE OF DISPOSITION	DISPOSITION

C) NAME OF PLAINTIFF(S) AND DEFENDANT(S)		
NAME OF CLAIMANT(S) AND RESPONDENT(S)		
DATE FILED (MM/DD/YYYY)	STATE OR FEDERAL COURT	CASE NUMBER
CITY/COUNTY/STATE	DATE OF DISPOSITION	DISPOSITION

K. CHARACTER REFERENCES

List five individuals who you have known for at least five years. Do not include relatives, present employer, or your employees.

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Name & Where Employed	Street	City	State	Zip	Telephone	Years Known
Name	Business					
Occupation/Employer	Home					
Name	Business					
Occupation/Employer	Home					
Name	Business					
Occupation/Employer	Home					
Name	Business					
Occupation/Employer	Home					
Name	Business					
Occupation/Employer	Home					

L. SECTION 7: OTHER LICENSING INFORMATION

HAVE YOU EVER APPLIED TO A LOCAL GOVERNMENT AGENCY FOR A PERMIT, BADGE, OR LICENSE TO OWN, OPERATE, OR WORK IN A GAMBLING ESTABLISHMENT? HAVE YOU EVER **HELD OR APPLIED** FOR A PERMIT, LICENSE, CERTIFICATE, REGISTRATION OR AUTHORIZATION RELATED TO GAMING?..... ☐ YES ☐ NO

IF YES, LIST BELOW ANY LICENSING OR REGULATORY AGENCY (TRIBAL, STATE, LOCAL OR INTERNATIONAL) TO WHICH YOU HAVE APPLIED FOR A LICENSE, PERMIT, CERTIFICATE, REGISTRATION OR AUTHORIZATION RELATED TO GAMING ACTIVITIES OR LOTTERY, WHETHER OR NOT SUCH LICENSE, PERMIT, CERTIFICATE, REGISTRATION OR AUTHORIZATION WAS GRANTED (INCLUDE ANY APPLICATIONS THAT WERE WITHDRAWN, DENIED AND/OR ARE PENDING).

If your answer to L1 was Yes, provide the following details:—

Government Agency	Type of Application	Permit/Badge/License Number	Approved/Denied	Dates Held or Reasons for Denial

A) LICENSE/PERMIT/CERTIFICATE/AUTHORIZATION #	TYPE OF APPLICATION	DATES HELD (MM/YYYY) FROM: TO:	ISSUING AGENCY
CITY, COUNTY, STATE, COUNTRY		ACTION TAKEN (ISSUED, DENIED, SUSPENDED, PENDING, WITHDRAWN, REVOKED, OTHER)	
B) LICENSE/PERMIT/CERTIFICATE/AUTHORIZATION #	TYPE OF APPLICATION	DATES HELD (MM/YYYY) FROM: TO:	ISSUING AGENCY
CITY, COUNTY, STATE, COUNTRY		ACTION TAKEN (ISSUED, DENIED, SUSPENDED, PENDING, WITHDRAWN, REVOKED, OTHER)	
C) LICENSE/PERMIT/CERTIFICATE/AUTHORIZATION #	TYPE OF APPLICATION	DATES HELD (MM/YYYY) FROM: TO:	ISSUING AGENCY
CITY, COUNTY, STATE, COUNTRY		ACTION TAKEN (ISSUED, DENIED, SUSPENDED, PENDING, WITHDRAWN, REVOKED, OTHER)	

If denied or revoked, provide reasons for denial or revocation: _____

4. ~~Have you **ever** withdrawn or surrendered an application for a gambling registration, license, or related finding of suitability or been a participant in any group which has withdrawn or surrendered an application for a gambling registration, license, or related finding of suitability in any state? ☐ Yes ☐ No~~

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If your answer to L2 was Yes, provide the following details:

Gambling Establishment Name & Address	Licensing Agency	Date & Reason(s) for Withdrawal

2. Have you **ever** held a financial interest in a gambling venture, including, but not limited to: gambling establishment (cardroom), race track, race horse/dog, lottery, casino, bookmaking operation, pari-mutuel operation, or bingo parlor? ☐ Yes ☐ No

If your answer to L3 was Yes, provide the following details:

Name & Location of Business	Type of Venture	Dates of Involvement	Names of All Partners

6. Have you **ever** applied for a privileged registration, professional license, certificate, or credential (other than gambling) in any state, including, but not limited to, the following: ☐ Yes ☐ No

Alcoholic Beverage License Lawyer Race Horse/Dog Owner Securities Dealer
 Real Estate Broker or Sales Doctor Notary Public Contractor
 Accountant Boxing Promoter Trainer or Manager Pilot

If your answer to L4 was Yes, provide the following details:

Type of License	Licensing Agency	License Number	Approved/Denied	Dates Held or Reasons for Denial

7. Have any disciplinary actions **ever** been taken, or are any actions pending, against the aforementioned registration(s), license(s), certificate(s), credential(s) and/or any gambling related permit(s), badge(s), registration(s), or license(s)? ☐ Yes ☐ No

If your answer to L5 was Yes, provide the following details:

Licensing Agency	License Number	Date of Action	Nature of Action (e.g., revocation, denial)	Disposition (e.g., revoked, fined, probation)

HAVE YOU EVER APPLIED TO ANY LICENSING OR REGULATORY AGENCY FOR A LICENSE, PERMIT, CERTIFICATE, REGISTRATION OR AUTHORIZATION NOT RELATED TO GAMING, WHETHER OR NOT SUCH A LICENSE, PERMIT, CERTIFICATE, REGISTRATION OR AUTHORIZATION WAS GRANTED?

☐ YES ☐ NO

IF YES, PROVIDE THE FOLLOWING DETAILS (INCLUDE ANY APPLICATIONS THAT WERE WITHDRAWN, DENIED AND/OR ARE PENDING).

A) LICENSE/PERMIT/CERTIFICATE/AUTHORIZATION #	TYPE OF APPLICATION	DATES HELD (MM/YYYY) FROM: TO:	ISSUING AGENCY
CITY, COUNTY, STATE, COUNTRY		ACTION TAKEN (ISSUED, DENIED, SUSPENDED, PENDING, WITHDRAWN, REVOKED, OTHER)	

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B) LICENSE/PERMIT/CERTIFICATE/AUTHORIZATION #	TYPE OF APPLICATION	DATES HELD (MM/YYYY) FROM: TO:	ISSUING AGENCY
CITY, COUNTY, STATE, COUNTRY		ACTION TAKEN (ISSUED, DENIED, SUSPENDED, PENDING, WITHDRAWN, REVOKED, OTHER)	
C) LICENSE/PERMIT/CERTIFICATE/AUTHORIZATION #	TYPE OF APPLICATION	DATES HELD (MM/YYYY) FROM: TO:	ISSUING AGENCY
CITY, COUNTY, STATE, COUNTRY		ACTION TAKEN (ISSUED, DENIED, SUSPENDED, PENDING, WITHDRAWN, REVOKED, OTHER)	

SECTION 8: GAMBLING VENTURE FINANCIAL INTEREST

HAVE YOU EVER HELD A FINANCIAL INTEREST IN A GAMBLING VENTURE, INCLUDING, BUT NOT LIMITED TO: A GAMBLING ESTABLISHMENT (CARDROOM), RACE TRACK, RACE HORSE/DOG, LOTTERY, CASINO, BOOKMAKING OPERATION, PARI-MUTUEL OPERATION, OR BINGO PARLOR OR HELD STOCK IN SUCH VENTURE?			<input type="checkbox"/> YES <input type="checkbox"/> NO
IF YES TO THE ABOVE, PROVIDE THE FOLLOWING DETAILS:			
NAME AND LOCATION OF BUSINESS	LOCATION OF BUSINESS	DATES OF INVOLVEMENT (MM/YYYY) FROM: TO:	
INTEREST/TYPE OF VENTURE		NAMES OF ALL PARTNERS	

SECTION 9: BUSINESS INTERESTS

LIST ALL BUSINESSES, CORPORATIONS AND PARTNERSHIPS WITH WHICH YOU ARE CURRENTLY OR HAVE BEEN ASSOCIATED AS AN OWNER, OFFICER, DIRECTOR, ACTIVE SHAREHOLDER, PARTNER OR OTHER RELATED <u>SIMILAR</u> CAPACITY FOR THE <u>WITHIN THE</u> PAST 10 YEARS.					
A) NAME OF BUSINESS/CORPORATION/PARTNERSHIP		DATES OF INVOLVEMENT FROM TO		BUSINESS/CORPORATION/PARTNERSHIP MAILING ADDRESS/TELEPHONE NUMBER	
BUSINESS TELEPHONE NUMBER ()					
YOUR CAPACITY/TITLE	PRIMARY PURPOSE OF COMPANY THE BUSINESS	AMOUNT OF INITIAL INVESTMENT	% OF OWNERSHIP OR /# OF SHARES CURRENTLY OWNED	GAMBLING RELATED? <input type="checkbox"/> YES <input type="checkbox"/> NO	
B) NAME OF BUSINESS/CORPORATION/PARTNERSHIP		DATES OF INVOLVEMENT FROM TO		BUSINESS/CORPORATION/PARTNERSHIP MAILING ADDRESS/TELEPHONE NUMBER	
BUSINESS TELEPHONE NUMBER ()					
YOUR CAPACITY/TITLE	PRIMARY PURPOSE OF COMPANY THE BUSINESS	AMOUNT OF INITIAL INVESTMENT	% OF OWNERSHIP OR /# OF SHARES CURRENTLY OWNED	GAMBLING RELATED? <input type="checkbox"/> YES <input type="checkbox"/> NO	
C) NAME OF BUSINESS/CORPORATION/PARTNERSHIP		DATES OF INVOLVEMENT FROM TO		BUSINESS/CORPORATION/PARTNERSHIP MAILING ADDRESS/TELEPHONE NUMBER	
BUSINESS TELEPHONE NUMBER ()					
YOUR CAPACITY/TITLE	PRIMARY PURPOSE OF COMPANY THE BUSINESS	AMOUNT OF INITIAL INVESTMENT	% OF OWNERSHIP OR /# OF SHARES CURRENTLY OWNED	GAMBLING RELATED? <input type="checkbox"/> YES <input type="checkbox"/> NO	

PART II – PERSONAL FINANCIAL INFORMATION

A. PERSONAL SECTION 10: PERSONAL FINANCIAL HISTORY

4. DO YOU ANTICIPATE ACTIVE PARTICIPATION IN THE MANAGEMENT AND OPERATION OF THE GAMBLING ESTABLISHMENT?..... <input type="checkbox"/> YES <input type="checkbox"/> NO
IF YES, IN WHAT CAPACITY: <u>EXPLAIN BELOW:</u>
IN WHAT CAPACITY WILL YOU PARTICIPATE IN THE MANAGEMENT AND OPERATION OF THE GAMBLING ESTABLISHMENT?

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2. AMOUNT TO BE INVESTED IN THE BUSINESS: \$		PERCENTAGE OF OWNERSHIP THIS WILL REPRESENTS:		%
3. IDENTIFY THE SOURCE OF ALL MONIES USED FOR YOUR INVESTMENT, INCLUDE ACCOUNT NUMBERS AND INSTITUTION NAMES IF APPLICABLE:				
4. HAS YOUR INTEREST IN THIS GAMBLING ESTABLISHMENT BEEN ASSIGNED, OR PLEDGED, OR HYPOTHECATED TO ANY PERSON, FIRM, OR CORPORATION, OR HAS ANY AGREEMENT BEEN ENTERED INTO WHEREBY YOUR INTEREST IS TO BE ASSIGNED, PLEDGED, OR SOLD EITHER IN PART OR IN WHOLE?				<input type="checkbox"/> YES <input type="checkbox"/> NO
IF YES, PROVIDE COMPLETE DETAILS: <u>EXPLAIN BELOW.</u>				
5. HAVE YOU EVER FILED FOR BANKRUPTCY WITHIN THE LAST 10 YEARS?..... <input type="checkbox"/> YES <input type="checkbox"/> NO				
IF YES, <u>EXPLAIN BELOW</u> If yes, identify the Federal District Court where the bankruptcy was filed, case number, date filed and describe the circumstances which resulted in this action. (Please provide copies of your bankruptcy petition and order, which lists all creditors and discharged debts.)				
FEDERAL DISTRICT COURT WHERE FILED	DATE FILED (MM/DD/YYYY)	CASE NUMBER	DATE DISCHARGED (MM/DD/YYYY)	DESCRIBE THE CIRCUMSTANCES THAT RESULTED IN THIS ACTION
6. HAVE ANY INDIVIDUALS OR GOVERNMENTAL AGENCIES YOU HAD ANY JUDGEMENTS OR LIENS FILED LIENS AGAINST YOU AS AN INDIVIDUAL, SOLE PROPRIETOR, MEMBER OF A PARTNERSHIP, OR OWNER OF SHAREHOLDER OF A CORPORATION?				<input type="checkbox"/> YES <input type="checkbox"/> NO
IF YES, PROVIDE COMPLETE DETAILS <u>HERE.</u>				
<input type="checkbox"/> LIEN <input type="checkbox"/> JUDGEMENT	DATE FILED (MM/DD/YYYY)	NAME OF PERSON/ENTITY THAT FILED THE LIEN OR JUDGEMENT		NAME OF PERSON /ENTITY AGAINST WHICH THE LIEN OR JUDGEMENT WAS FILED
EXPLANATION AND STATUS				
<input type="checkbox"/> LIEN <input type="checkbox"/> JUDGEMENT	DATE FILED (MM/DD/YYYY)	NAME OF PERSON/ENTITY THAT FILED THE LIEN OR JUDGEMENT		NAME OF PERSON /ENTITY AGAINST WHICH THE LIEN OR JUDGEMENT WAS FILED
EXPLANATION AND STATUS				
7. HAVE YOU HAD ANY PURCHASE REPOSSESSED OR DEBT TURNED OVER TO COLLECTION FOR ANY REASON WITHIN THE LAST 10 YEARS? <input type="checkbox"/> YES <input type="checkbox"/> NO				
IF YES, PROVIDE COMPLETE DETAILS <u>HERE.</u>				
ASSETS	REPOSSESSION/SEIZURE/COLLECTION	DATE (MM/DD/YYYY)	REASON	
8. DO YOU OWN, OR CONTROL, OR MANAGE ANY ASSETS OR LIABILITIES OUTSIDE THE UNITED STATES?..... <input type="checkbox"/> YES <input type="checkbox"/> NO				
IF YES, PROVIDE COMPLETE DETAILS <u>HERE.</u>				
DESCRIPTION OF ASSET/LIABILITY	DATE ACQUIRED (MM/DD/YYYY)	LOCATION		
9. DO YOU <u>OWN</u> , CONTROL, OR MANAGE <u>OR HOLD</u> ANY ASSETS OR LIABILITIES FOR ANOTHER PERSON OR ENTITY?..... <input type="checkbox"/> YES <input type="checkbox"/> NO				
IF YES, PROVIDE COMPLETE DETAILS <u>HERE.</u>				
IS YOUR INTEREST IN THIS GAMBLING ESTABLISHMENT HELD BY A TRUST (ESTATE PLANNING OR OTHER)?..... <input type="checkbox"/> YES <input type="checkbox"/> NO				
IF YES, YOU MUST ALSO COMPLETE AND SUBMIT AN APPLICATION FOR STATE GAMBLING LICENSE (CGCC-030) FOR THE TRUST AND A TRUST SUPPLEMENTAL BACKGROUND INVESTIGATION INFORMATION FORM (DGC-APP. 143).				

Gambling Establishment Owner Applicant - Individual Supplemental Background Investigation Information

10. Do you hold in trust any assets for another person or entity? Yes No If yes, provide complete details

11. Has your state or federal income tax return ever been audited or adjusted? Yes No If Yes, provide complete details

12. Last federal income tax return was filed on for the tax year 20
Month/Year
at
City State

13. Last state income tax return was filed on for the tax year 20
Month/Year
at
City State

14. Do you have a safe deposit box or other such depository, access to any depository, or do you use any other person's depository? Yes No

If your answer to A14 was Yes, provide the following details:

Name of Box Owner	Box Number or Type of Depository	Location	City & State

B. SECTION 11: GROSS ANNUAL HOUSEHOLD INCOME

TYPE OF INCOME	APPLICANT	OTHER
INCOME/WAGES	\$	\$
BUSINESS INCOME (EXPLAIN TYPE OF BUSINESS)	\$	\$
INTEREST INCOME	\$	\$
DIVIDEND INCOME	\$	\$
RENTAL INCOME	\$	\$
CHILD SUPPORT	\$	\$
GIFTS	\$	\$
SPOUSAL SUPPORT/ALIMONY	\$	\$
OTHER (SPECIFY)	\$	\$
OTHER (SPECIFY)	\$	\$
OTHER (SPECIFY)	\$	\$
TOTAL GROSS INCOME	\$	\$

SECTION 12: MONTHLY EXPENDITURES

TYPE OF EXPENDITURES	APPLICANT
REAL ESTATE (mortgage) PAYMENTS:	\$
RENT:	\$
HOUSEHOLD EXPENSES (utilities, food, gasoline, home and car maintenance, entertainment, etc.):	\$

Gambling Establishment Owner Applicant - Individual Supplemental Background Investigation Information

<u>BUSINESS EXPENSES (describe):</u>	\$
<u>CREDIT CARD PAYMENTS:</u>	\$
<u>VEHICLE PAYMENTS:</u>	\$
<u>OTHER (describe):</u>	\$
<u>OTHER (describe):</u>	\$
<u>TOTAL MONTHLY EXPENDITURES</u>	\$

THE ASSET AND LIABILITY FIGURES SHOWN BELOW ARE AS OF _____, 20_____

<u>C. SECTION 13: STATEMENT OF ASSETS — AS OF: _____, 20_____.</u>		
From the following Statement of Assets, list the total value of all assets, both tangible and intangible. All assets must be listed and described fully on the corresponding schedule. <u>LIST THE VALUE OF ALL ASSETS, BOTH TANGIBLE AND INTANGIBLE. ALL ASSETS MUST BE FULLY DESCRIBED ON THE CORRESPONDING SCHEDULES.</u>		
ASSETS	*PURCHASE PRICE	CURRENT MARKET VALUE
CASH (TOTAL FROM SCHEDULE A)		\$
STOCKS AND BONDS (TOTAL FROM SCHEDULE G B)		\$
ACCOUNTS AND NOTES RECEIVABLE (TOTAL FROM SCHEDULE B C)		\$
BUSINESS INVESTMENTS* (TOTAL FROM SCHEDULE D)	\$	\$
REAL ESTATE* (TOTAL FROM SCHEDULE E)	\$	\$
OTHER ASSETS (TOTAL FROM SCHEDULE F)		\$
TOTAL ASSETS		\$

<u>D. SECTION 14: STATEMENT OF LIABILITIES — AS OF: _____, 20_____.</u>		
From the following Statement of Liabilities, list the total of all liabilities. All liabilities must be listed and described fully on the corresponding schedule. <u>LIST THE VALUE OF ALL YOUR LIABILITIES. ALL LIABILITIES MUST BE FULLY DESCRIBED ON THE CORRESPONDING SCHEDULES. IF APPLICABLE, ANY DEBT INCURRED TO FINANCE THE TOTAL INVESTED IN THE GAMBLING ESTABLISHMENT SHOULD BE REFLECTED ON ONE OF THE SCHEDULES LISTED BELOW.</u>		
LIABILITIES	*INITIAL AMOUNT	PRESENT BALANCE
ACCOUNTS PAYABLE (TOTAL FROM SCHEDULE G)		\$
TAXES PAYABLE (TOTAL FROM SCHEDULE H)		\$
NOTES PAYABLE* (TOTAL FROM SCHEDULE I)	\$	\$
MORTGAGE PAYABLE* (TOTAL FROM SCHEDULE J)	\$	\$
CONTINGENT AND OTHER LIABILITIES (TOTAL FROM SCHEDULE K)		\$
TOTAL LIABILITIES		\$

NOTE: ADDITIONAL FINANCIAL INFORMATION MAY BE REQUIRED BY THE DIVISION OF GAMBLING CONTROL.

SECTION 15: SUPPORTING DOCUMENTATION CHECKLIST

The following items must be submitted in conjunction with an Application for a State Gambling License (CGCC-030) and this Owner Applicant-Individual Supplemental Background Investigation Information form (DGC-APP 015A). Originals are required unless otherwise stated. Only documents that are dated and signed by all parties will be accepted. Failure to provide complete documents may result in denial of a license/denial of suitability. Pursuant to Business and Professions Code section 19868(a), an official filing date will not be established until all required forms, documentation and fees have been received by the State.

- ☐ Background Investigation Deposit required in CCR, Title 11, Division 3, Chapter 1, Article 4, Section 2037
- ☐ Gambling Establishment Supplemental Information form (DGC-APP- 015C) for the gambling establishment. If there are multiple owners of this gambling establishment, only one DGC-APP- 015C form needs to be submitted to provide information about the gambling establishment.
- ☐ If you are applying as a shareholder, member, partner, etc., a Gambling Establishment Owner Entity Supplemental Information form (DGC-APP- 015B) for the business entity (corporation, LLC, partnership, etc.) that is buying or operating the gambling establishment also needs to be submitted.
- ☐ Applicant's Declaration, Acknowledgment, and Agreement (Community Property Interest) (DGC-APP. 011 [Rev. 05/05]) **OR** Applicant's Declaration, Acknowledgment, and Agreement (Sole and Separate Property) (DGC-APP. 012 [Rev. 05/05]) - Review both forms and complete the appropriate declaration. If you are married, your spouse must refer to the "Instructions to Applicant's Spouse."
- ☐ Application for State Gambling License (CGCC-030) and a Trust Supplemental Background Investigation Information form (DGC-APP. 143) if your interest in this gambling establishment is held by a trust.
- ☐ Declaration of Full Disclosure (DGC-APP. 005 [Rev. 05/05])
- ☐ Authorization to Release Information (DGC-APP. 006 [Rev. ~~05/05~~08/07])
- ☐ Appointment of Designated Agent (DGC-APP. 008 [Rev. 09-04])
- ☐ Copy of DD214, if you ever served in Armed Forces
- ☐ Naturalization Certificate or Permanent Resident Identification - If a naturalized citizen, copy of front and back of your naturalization certificate.
- ☐ Resident Alien Card (front and back) if you are not a United States citizen.
- ☐ Copy of the completed Request for Live Scan Service (BCII 8016) after fingerprints have been taken.
- ☐ Local Cardroom Employee License, Permit, Badge, etc. - copy
- ☐ Management Company/Consultant Agreement, if applicable - copy
- ☐ All Current Lease/Rental Agreements if applying as a sole proprietor - copies
- ☐ Loan Documentation for the loan obtained to purchase the gambling establishment (if applying as a sole proprietor) - copies
- ☐ Tax Returns - Signed and dated copies of state and federal for the past three years, including all schedules and attachments - both individual and for any businesses you own.
- ☐ Request for copy of Personal Income Tax or Fiduciary Return (FTB 3516C1 [Rev. 06-03 side 1])
- ☐ Internal Revenue Service Request for Transcript of Tax Return (4506-T [Rev. 4/2006])
- ☐ Current Balance Sheets and Income Statements for yourself and all of your businesses
- ☐ Bank Statements - Copies of all monthly statements for all personal and business accounts corresponding to the same period of time reflected in the balance sheet and income statement.
- ☐ Investment Account Statements - Copies of all monthly statements for all personal and business accounts corresponding to the same period of time reflected in the balance sheet and income statement.
- ☐ Bankruptcy court records, if applicable – copy

Pursuant to Business and Professions Code section 19867, an applicant is responsible for all costs incurred by the Division while conducting a background investigation for gambling license suitability. At the conclusion of the investigation, the applicant will receive an itemized accounting of all such costs. Monies received in excess of the actual costs incurred will be refunded. A license will not be issued until all outstanding background investigation and issuance fees are received.

SECTION 16: DECLARATION

I, _____, declare that I have read the foregoing Cardroom Applicant – Individual Supplemental Information for State Gambling License and understand its contents. My statements are true and correct and contain a complete and true account of the information requested. I executed this declaration with the knowledge that misrepresentation or failure to reveal information requested may be deemed sufficient cause for denial of an application or revocation of a state gambling license, finding or permit. I have familiarized myself with the contents of the California Gambling Control Act (Business and Professions Code section 19800 et seq.), and the Regulations of the California Gambling Control Commission (California Code of Regulations, Title 4), and the Regulations of the Division of Gambling Control (California Code of Regulations, Title 11) as adopted and agree to abide by them.

I expressly waive, release, and forever discharge the State of California and its agents from any and all manner of action and causes of action whatsoever which I, my administrators or executors, can, shall, or may have against the State of California and its agents, relating to this Cardroom Applicant – Individual Supplemental Information for State Gambling License.

I declare under penalty of perjury under the laws of the State of California, that the foregoing is true, correct, and complete. I declare under penalty of perjury of the laws of the State of California that I have personally completed this form and know that the contents thereof, and the information contained herein, including all corrections, changes and other alterations, is true, accurate and complete, and that this declaration is executed by me at _____ on _____.
City and State Date

PRINTED FULL NAME /TITLE	SIGNATURE	DATE

STATEMENT OF ASSETS
SCHEDULE A - ASSETS
Cash

List all cash you have and where it is located, e.g. ~~bank accounts~~ financial institutions (foreign and domestic), safe deposit boxes, ~~home and office safes~~, etc.

LOCATION OF CASH (e.g. Name & Address of Bank) <u>Name & Address of Bank or Investment Account</u>	Type of Account	Account No. <u>Number</u>	Date Opened	Names of Persons Who Have Signature Authority on Account	Date of Balance	Balance
						\$
						\$
						\$
						\$
						\$
						\$
						\$
						\$
					TOTAL \$ *:	\$

*This total should match the corresponding total reported on page 9.

Signature of Preparer

Date

STATEMENT OF ASSETS
SCHEDULE B C- **ASSETS**
Stocks and Bonds

List all stocks, bonds, mutual funds, commodity accounts, options, warrants, etc or other similar investments held or controlled by you.

Issuer	Registered Owners	Account Number	Type (Note if stocks, bonds, mutual funds, etc.)	Date of Current Market Value	No. Number of Shares or Units	Current Market Value
						\$
						\$
						\$
						\$
						\$
						\$
						\$
						\$
					TOTAL \$ *:	\$

*This total should match the corresponding total reported on page 9.

Signature of Preparer _____ Date _____

STATEMENT OF ASSETS
SCHEDULE C B - ASSETS
Accounts and Notes Receivable

List all loans, accounts, and notes receivable held by you.

Name & Address of Debtor	Date Acquired	Maturity Date (notes receivable)	Payment Amount & and Payment Period (e.g. Weekly, Monthly)	Interest Rate (%)	Original Amount	Date of Unpaid Balance	Unpaid Balance
					\$		\$
					\$		\$
					\$		\$
					\$		\$
					\$		\$
					\$		\$
					\$		\$
					\$		\$
					\$	TOTAL \$ *:	\$

*This total should match the corresponding total reported on page 9.

Signature of Preparer _____ Date _____

STATEMENT OF ASSETS
SCHEDULE D - ASSETS
Business Investments

List any business investments in which any direct, indirect, ~~vested or contingent~~ or ~~vested~~ interest is held by you, along with the names of all individuals or entities who share a direct, indirect, or ~~vested or contingent~~ or ~~vested~~ interest. This should include, but not be limited to, joint ventures, partnerships, ~~sole proprietorships~~, limited liabilities companies, and corporations.

Entity Name	Type of Entity	No. Number of Shares or Units	Name in which held	Percent of Ownership	Individuals or Entities Sharing Interest & Percentage Ownership	Date of Purchase	Purchase Price	Date of Current Market Value	Current Market Value
							\$		\$
							\$		\$
							\$		\$
							\$		\$
							\$		\$
							\$		\$
							\$		\$
							\$		\$
								TOTAL \$ *.	\$

*This total should match the corresponding total reported on page 9.

Signature of Preparer _____ Date _____

STATEMENT OF ASSETS
SCHEDULE E - ASSETS
Real Estate

List any ~~real property in which you hold any direct, indirect, vested, or contingent interest.~~ direct or indirect interest held in real property by yourself, your spouse, or your dependent children.

Address/Location/Parcel Number <u>Address or Parcel Number & Location</u>	Type (Residential/Commercial)	Percentage of Ownership	Date of Purchase	Income (Rent/Lease) <u>Current</u> <u>Income (Rent/Lease) (indicate</u> <u>per month, year, etc.)</u>	Purchase Price	Date of Current <u>Market Value</u>	Current Market Value
					\$		\$
					\$		\$
					\$		\$
					\$		\$
					\$		\$
					\$		\$
					\$		\$
					\$	TOTAL \$ *:	\$

*This total should match the corresponding total reported on page 9.

Signature of Preparer _____ Date _____

STATEMENT OF ASSETS
SCHEDULE F - ASSETS

Other Assets

List all other assets you hold (e.g., automobiles, jewelry, artwork, household furnishings, cash surrender value of life insurance policies, pension plans, etc.). (e.g., art collections, coin collections, antiques, automobiles, etc.)

Type of Asset	Other Information (e.g. Year/Make/Model)	Date of Purchase	Purchase Price	Date of Current Market Value	Current Market Value
			\$		\$
			\$		\$
			\$		\$
			\$		\$
			\$		\$
			\$		\$
			\$		\$
			\$		\$
			\$		\$
				TOTAL \$ *:	\$

*This total should match the corresponding total reported on page 9.

Signature of Preparer _____ Date _____

STATEMENT OF LIABILITIES
SCHEDULE G - LIABILITIES
Accounts Payable
(Revolving Accounts/Credit Cards)

List all open accounts payable for which you are obligated, even those with a zero balance (e.g. revolving accounts, credit cards, leases, lines of credit).

Name & <u>and</u> Address of Creditor	Account Number	<u>Collateral</u> <u>Credit Limit</u>	<u>Date Incurred</u>	<u>Monthly Payment</u> <u>Payment Amount &</u> <u>Payment Period (e.g.</u> <u>Weekly, Monthly,</u> <u>etc.)</u>	Interest Rate (%)	<u>Date of</u> <u>Unpaid</u> <u>Balance</u>	Unpaid Balance
							\$
							\$
							\$
							\$
							\$
							\$
							\$
						TOTAL \$ *	\$

*This total should match the corresponding total reported on page 9.

Signature of Preparer _____ Date _____

STATEMENT OF LIABILITIES
SCHEDULE H - LIABILITIES
Taxes Payable

List all unpaid and estimated taxes for which you are obligated.

Taxing Authority (e.g., State Franchise Tax Board/Internal Revenue Service/Board of Equalization, etc.)	Related Tax Period	Payment Amount & Payment Period (e.g., Weekly, Monthly, etc.)	Original Amount	Fines, Penalties and Interest	Date of Unpaid Balance	Unpaid Balance
						\$
						\$
						\$
						\$
						\$
						\$
						\$
					TOTAL \$ *:	\$

*This total should match the corresponding total reported on page 9.

Signature of Preparer _____ Date _____

STATEMENT OF LIABILITIES
SCHEDULE I - LIABILITIES
Notes Payable

List all notes payable for which you are obligated.

Name & <u>and</u> Address of Creditor	Date Incurred	Account Number	Collateral	Maturity Date	Payment Amount & Payment Period (e.g., Weekly, Monthly, <u>etc.</u>)	Original Note Amount	Interest Rate (%)	Date of Unpaid Balance	Unpaid Balance
						\$			\$
						\$			\$
						\$			\$
						\$			\$
						\$			\$
						\$			\$
						\$			\$
						\$			\$
						\$			\$
						\$			\$
						\$			\$
						\$			\$
								TOTAL \$ <u> </u> :	\$

*This total should match the corresponding total reported on page 9.

Signature of Preparer _____ Date _____

STATEMENT OF LIABILITIES
SCHEDULE J - LIABILITIES
Mortgages Payable

List all mortgages or liens on real estate for which you are obliged.

Name & <u>and</u> Address of Creditor Account Number	Address & <u>or</u> Parcel Number <u>and Location</u> of Real Estate	Date Incurred	Collateral	Interest Rate (%)	Payment Amount & Payment Period (e.g., Weekly, Monthly, etc.)	Original Loan Amount	Date of Unpaid Balance	Unpaid Balance
						\$ _____		\$ _____
						\$ _____		\$ _____
						\$ _____		\$ _____
						\$ _____		\$ _____
						\$ _____		\$ _____
						\$ _____		\$ _____
						\$ _____		\$ _____
							TOTAL \$ [*] _____	\$ _____

*This total should match the corresponding total reported on page 9.

Signature of Preparer _____ Date _____

STATEMENT OF LIABILITIES
SCHEDULE K - LIABILITIES
Contingent and Other Liabilities

List any other indebtedness or contingent liability for which you are obligated, e.g., spousal support co-signer on a loan, pending litigation, child support, alimony, etc.

Name & <u>and</u> Address of Creditor	Date Incurred	Collateral	Description of Liability & <u>and</u> Account Number	Payment Amount & Payment Period (e.g., Weekly, Monthly, <u>etc.</u>)	Interest Rate (%)	Original Amount	Date of Unpaid Balance	Unpaid Balance
						\$		\$
						\$		\$
						\$		\$
						\$		\$
						\$		\$
						\$		\$
						\$		\$
						TOTAL \$ <u> </u> *		\$

*This total should match the corresponding total reported on page 9.

Signature of Preparer _____ Date _____